# COMBINED DECLARATION AND POWER OF ATTORNEY

COPY OF FAPERS
OF CINALLY FILED

As a below named inventor, I hereby declare that:

JUL 2 2 2002

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [] sole/[X] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHOD AND APPARATUS FOR DIGITAL MEDIA MANAGEMENT, RETRIEVAL AND COLLABORATION**, the specification of which

MANA	GEMENT, RET	RIEVAL AND COLL	ABORATION, the specificat	ion of which	
(a) [ ]	is attached her	eto.			
(b) [x]	was filed on Apamended on		as Application Serial No.	10/063,413	and was
(c) [ ]	was described and amended		rnational Application No		filed on
includir informa	ng the claims, as	ve reviewed and une amended by any a aterial to the patenta	edgment of Duty of Disclosiderstood the content of the assemble to above ability of the subject matter contents of the subject matter contents and the subject matter contents are subject matter contents.	bove identifie e. I acknowle	dge the duty to disclose
365(c) insofar States acknow	of any PCT inte as the subject n or PCT internati rledge the duty t n the filing date	mational application natter of each of the onal application in to disclose material	35 U.S.C. § 120 Inited States Code, § 120 of a designating the United State claims of this application is he manner provided by the finformation as defined in 37 tion and the national or PCT	es of America not disclosed irst paragraph CFR § 1.56 v	a, listed below and, I in the prior United n of 35 U.S.C. § 112, I which became available
PCT/	US01/26841	28 Aug 2001	Pending		
(Applicat	ion Serial No.)	(Filing Date)	(Status)(patented,pending,aband	ioned)	(Patent No. if applicable)
(Applicat	ion Serial No.)	(Filing Date)	(Status)(patented,pending,aband	ioned)	(Patent No. if applicable)

### **Power of Attorney**

I hereby appoint Carl Oppedahl, PTO Reg. No. 32,746 and Marina T. Larson, PTO Reg. No. 32,038, of the firm of OPPEDAHL & LARSON LLP, having office at P.O. Box 5068, Dillon, CO 80435-5068 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.



DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON LLP (970)468-6600

PATERT TRACEMEN OFFICE

### **Claim for Priority**

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
				YES[]NO[]	YES[]NO[]
FOREIGN APPLICATION(S), II	ANY, FILED MORE TH	AN 12 MONTHS (6 MOI	NTHS FOR DESIGN) PF	RIOR TO SAID APPLI	CATION
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)		

### **Provisional Application**

I hereby claim the benefit under 35 U.S.C § 119(e) of any United States provisional application(s) listed below.

60/228,837	28 August 2000	
(application number)	(filing date)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE	LAST NAME	FIRST NAME	MIDDLE NAME
OR FIRST INVENTOR	FLANK	SHARON	
RESIDENCE &	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE Virginia	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Vienna		US
POST OFFICE ADDRESS eMotion, Inc. 2600 Park Tower Drive		CITY Vienna	STATE/COUNTRY ZIP CODE VA 22180
DATE 7 May 2002		SIGNATURE	h

[x]Signature for additional joint inventor attached. Numer of Pages \_\_1.

[] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages \_\_\_.

NAME OF SECOND INVENTOR	LAST NAME SPERER	FIRST NAME Ruth	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE 46447 Hertzlia	STATE OR COUNTRY OF RESIDENCE Israel	COUNTRY OF CITIZENSHIP IL	
POST OFFICE ADDRESS Ha ' Shoftim 7, Apt. 4		стү 46447 Hertzlia	STATE/COUNTRY ZIP CODE Israel	
DATE		SIGNATURE		
NAME OF THIRD INVENTOR	LAST NAME ROMER	FIRST NAME Donna	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Houston	STATE OR COUNTRY OF RESIDENCE Texas	COUNTRY OF CITIZENSHIP US	
POST OFFICE ADDRESS 2111 Welch St. #B-3		CITY Houston	STATE/COUNTRY ZIP CODE Texas 77019 USA	
DATE 5/20/02		SIGNATURE DOMANAMENTER		
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	S	СПУ	STATE/COUNTRY ZIP CODE	
DATE		SIGNATURE		
NAME OF FIFTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	s	СПУ	STATE/COUNTRY ZIP CODE	

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EMTN.P-001-5

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365(c)	of any PCT interr r as the subject ma	national applicati atter of each of t nal application I	35 U.S.C. § 120 United States Code, § 120 of the united States of this application in the manner provided by the state of the code of the	ites of Americ s not disclose first paragrap	ca, listed below and, ed in the prior United ph of 35 U.S.C. § 11	ł
includi inform	ing the claims, as: lation which is mat	e reviewed and o amended by any erial to the pate	wiedgment of Duty of Disclunderstood the content of the y amendment referred to aborately an anticomment referred to aborately an action of the subject matter at Regulations § 1.58(a).	above identif re. I acknowl	ledge the duty to dis	close
(c) [ ]	was described a and amended o		ternational Application No		_ filed on	
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PRIENT TRADERRY CAPICE

EMTN.P-001-5

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				YES[] NO[]	YESTINOT
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HESIDENČE &	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE Virginia	COUNTRY OF CITIZENSHIP
CITIZENSHIP	Vienna		US
POST OFFICE ADDRESS eMotion, Inc. 2600 Park Tower Dri		. CITY Vienna	STATE/COUNTRY Z# COOE VA 22180
DATE 7 May 2002		SIGNATURE	

[x]Signature for additional joint inventor attached. Numer of Pages \_\_1.

[] Signature by Administrator(trix) or legal representative for deceased or . incapacitated inventor. Number of Pages \_

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages \_\_\_\_.

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## EMTN.P-001-5

NAME OF SECOND INVENTOR	LAST NAME SPERER	FIRST NAME Ruth	MIDDLE NAME
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DATE 6/	13/02	SIGNATURE Thut	
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DATE 5/24	0/02	SIGNATURE DAMMANO	ner
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDOLE NAME
RESIDENCE & CITUTINSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRES	S	cmy .	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	
NAME OF FIFTH INVENTOR	LASTINALIE	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CRY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRES	S	СПУ	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	